

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Yuasa et al

Application No.: 10/025,588

Art Unit: 1713

Filed: December 26, 2001

Examiner: Helen Lee Pezzuto

For: Polycarboxylic Acid Copolymer, Production
Method and Use Thereof

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FEB 12 2004

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AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated November 13, 2003, please amend the
above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

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FEB 12 2004

FAX TRANSMISSION

OFFICIAL

DATE: Feb. 12, 2004

PTO IDENTIFIER: Application Number 10/025,588-Conf. #7945
Patent Number

Inventor: Tsutomu Yuasa et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

Burton A. Amernick

PHONE: (202) 331-7111

Attorney Dkt. #: 21581-00284-US

PAGES (including Cover Sheet): 14

CONTENTS: Amendment (11 pages)
Fee Transmittal (1 page)
Certificate of Transmission under 37 CFR 1.8 (1 page).

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PTO/SB/97 (12-87)

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Debra L. Bennett
Typed or printed name of person signing Certificate

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Amendment (11 pages)

Fee Transmittal (1 page)

Certificate of Transmission under 37 CFR 1.8 (1 page).

PTO/SB/17 (10-03)
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 172.00		Complete if Known	
		Application Number	10/025,588-Conf. #7945
		Filing Date	December 26, 2001
		First Named Inventor	Tsutomu Yuasa
		Examiner Name	Helen Lee Pezzuto
		Art Unit	1713
		Attorney Docket No.	21581-00284-US

<p>METHOD OF PAYMENT (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</p> <p><input type="checkbox"/> Deposit Account:</p> <p>Deposit Account Number: 22-0185</p> <p>Deposit Account Name: Connolly Bove Lodge & Hutz LLP</p> <p>The Director is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)</p> <p><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>2001</td> <td>770</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>2002</td> <td>340</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>2003</td> <td>530</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>2004</td> <td>770</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>2005</td> <td>160</td> <td>60</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (1) (\$)</td> <td>0.00</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</p> <p>Total Claims: 20 -20** = <input type="checkbox"/> x <input type="checkbox"/> = 0.00</p> <p>Independent Claims: 8 -8* = <input type="checkbox"/> x <input type="checkbox"/> = \$172.00</p> <p>Multiple Dependent: <input type="checkbox"/> = <input type="checkbox"/></p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>2202</td> <td>18</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>2201</td> <td>85</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>2203</td> <td>290</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>2204</td> <td>85</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>2205</td> <td>18</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (2) (\$)</td> <td>172.00</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see above</p>	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	2001	770	385	Utility filing fee		1002	2002	340	170	Design filing fee		1003	2003	530	255	Plant filing fee		1004	2004	770	385	Reissue filing fee		1005	2005	160	60	Provisional filing fee		SUBTOTAL (1) (\$)					0.00	Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	2202	18	9	Claims in excess of 20		1201	2201	85	43	Independent claims in excess of 3		1203	2203	290	145	Multiple dependent claim, if not paid		1204	2204	85	43	** Reissue independent claims over original patent		1205	2205	18	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) (\$)					172.00	<p>3. 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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Burton A. Amernick	Registration No. (Attorney/Agent)	24,852
Signature		Telephone	(202) 331-7111
		Date	2-11-04